

omnibus, which shook her exceedingly, she found she was quite unable to expel the least quantity from the bladder. On her return home, the urine was drawn off by the catheter, and the same instrument was used again on Wednesday, but not by the same gentleman. From that day till I saw her on the Saturday, the catheter had not again been had recourse to, nor had she passed any urine voluntarily; though some had dribbled away at different times, or come in gushes. The bowels had not acted since Tuesday. She did not know whether she was pregnant or not; but inclined to the latter opinion.

She appeared to be in great pain, and her countenance was indicative of much distress. Independently of the agony of a distended bladder, she complained of a violent forcing and bearing down, and a tearing and dragging sensation at the groins.

The history and symptoms led me immediately to suspect that the uterus was gravid and retroverted. I found the bladder largely filling the lower half of the abdominal cavity, its fundus rising as high as the umbilicus; introduced the catheter without delay, and drew off the enormous quantity of ninety-two ounces of dark-coloured, but not offensive urine. On making a careful examination, my suspicions were confirmed; for the hollow of the sacrum was occupied by a hard tumour, which was, indeed, the fundus and body of the uterus; while the mouth of that organ was bent upwards and forwards, behind or rather above the symphysis pubis. The anterior face of the vagina was considerably stretched, and there was general tenderness of the whole pelvic structures.

I admitted her into the hospital, and ordered her to bed; fomentations were applied, and she took 30 minims of laudanum. My resident assistant was directed to draw off the urine every eight hours, and to administer some castor oil the next morning. The medicine acted satisfactorily on the bowels in the course of the day; the bladder was kept empty as described; she was confined scrupulously to the recumbent position; no attempt was made to replace the uterus artificially; nor was any fresh vaginal examination even instituted; and in three days she was able to void her urine of her own accord satisfactorily. The anxiety of countenance had then disappeared, and she expressed herself as feeling quite well. On examination per vaginam, the fundus uteri was now no longer to be felt in the pelvic cavity, the os uteri was in its natural situation, and none of the previous tenderness remained. I kept her in the hospital merely for the sake of precaution, to prevent a recurrence of the accident, for a fortnight. During this interval she was confined to bed; was enjoined to pass water frequently; and, when she attempted to do so, to place herself on her hands and knees. She left the house on October 13, and is going on in pregnancy, not having experienced any return of the symptoms. She tells me that she quickened last week.

No case could more strongly prove the value of rest and the recumbent posture, together with a diligent attention to the bladder, under such circumstances, than this does. I scarcely expected that the uterus would have righted itself so speedily, after having been three days partially, and four completely, retroverted, with its fundus pressed so low down towards the perinæum as this was; and I was prepared to use some mechanical efforts to restore it, if it had continued in this abnormal position for two or three days longer.—*Med. Times and Gaz.*, Dec. 1, 1855.

47. *Puerperal Fever*.—Dr. ATTHILL communicated to the Dublin Obstetrical Society, May 21, 1855, the following cases of puerperal fever, which occurred in the Rotundo Hospital last year:—

Case 1. M. D. was delivered of her first child, after a natural labour, on the 2d March; her aspect was very unhealthy, but she denied having ever been ill. She complained of giddiness and pain in her head very soon after her delivery; under treatment these unpleasant symptoms gradually subsided, and she appeared to be doing well. On the 7th she complained of slight abdominal tenderness. She was at once put on blue pill and Dover's powder. On the 9th she was worse, and was ordered wine and carbonate of ammonia; her pulse,

throughout her illness, was very rapid, never being under 120. Notwithstanding the free use of stimulants, she sank rapidly, and died on the 18th.

Post-mortem examination disclosed extensive peritonitis, with uterine phlebitis.

Case 2. Bridget Allen, aged 27; third pregnancy; admitted about 18th March; natural labour; went on well till her fifth day, when she complained of pain in her *left* knee. This was relieved by the application of leeches, but it was only temporary, and on her eighth day she was put on calomel and opium; wine was also given, in large quantities, from this time. On the following day all the joints of her *right* hand were affected, and the abdomen became tympanitic. Ammonia and wine were exhibited without benefit, and she died on the fourteenth day after her delivery. *Post-mortem* examination discovered pus on the uterine sinuses, and purulent deposit on the affected joints.

Case 3. Eliza Brannagan, admitted 3d April; a healthy young woman, aged 20; first pregnancy. Her labour was easy and natural. On the third day she was seized with a rigor of no great severity, and on the day following complained of pain and pressure over the uterus; twelve leeches were applied, and the pain and tenderness completely disappeared; but in the middle of the next day her *left* knee suddenly became very painful and swelled rapidly; and on the day but one following, the right wrist was affected in a similar manner (in this case the inflammation did not subside in the knee on the wrist becoming engaged, though the pain in the former named joint was less intense); from this time, till the date of her death, which took place after the lapse of four days, she suffered the most agonizing pain in the wrist. She was tympanitic, but only for the last twenty-four hours of her life.

In this case, as in No. 2, pus was found in the joints and in the uterine sinuses.

Case 4. Ann Norton, aged 23; first pregnancy; admitted April 7; child presented with the feet; but delivery was effected without difficulty. On the day after her delivery she complained of tenderness on pressure over the uterus; she had previously had a slight rigor. Being a plethoric young woman, she was bled to eighteen ounces with apparent benefit, for the tenderness disappeared; but on the very next day the left wrist became painful. This, however, she ascribed was the result of a fall, by which that joint was sprained, a few days before admission; there was little or no external redness in the joint, and no appreciable swelling, but she complained of the intense pain; no other joint was affected, and she remained to the last free from abdominal pain or tenderness. The pulse never was under 120 in the minute.

Wine, ammonia, and other stimulants, were administered very freely, but without benefit. She died on the eighth day after her delivery.

Post-mortem Examination.—Pus in the uterine sinuses, but none in the joint. This was the only case in which venesection was had recourse to, and, perhaps, it was owing to this that no pus appeared in the joints, as in the other cases; but certainly this treatment was productive of no benefit, and if it did not accelerate, it did not retard death.

From this time, viz: 15th April, till the 1st July, no case of either peritonitis or phlebitis occurred in the hospital; but on that day a patient, who had been delivered with the forceps after a tedious labour, was attacked with peritonitis, and died on the 4th. There was nothing remarkable in her case.

Case 5. On the 9th July a woman, who had been confined on the 7th, after a rather tedious labour, suddenly became tympanitic. She died on the 18th, with all the symptoms of peritonitis. On the 17th, the day after her death, patients were again admitted into the same ward in which she was delivered, but no patient was placed in the bed she had occupied. This ward consists of two rooms opening off each other, the larger one containing eight beds; the smaller, in which this patient had lain, having only two. Now all the patients in the large ward recovered speedily, but the woman who lay in the bed in the small ward, adjoining that in which the fatal case occurred, exhibited symptoms of peritonitis, which, however, yielded to treatment, and, after a tedious convalescence, she went out quite well. On the 26th and 28th July two patients were delivered in the beds which were in the small room of the same ward (it

should be remembered that since the 10th no fatal case had occurred in the hospital, nor, except the one just alluded to, had any shown symptoms of puerperal fever; on the 28th, however, the patient who lay in the bed occupied twelve days previously by the fatal case, showed symptoms of being attacked with peritonitis of a low type; and on the next day the woman who lay in the adjoining bed was similarly affected; both died, the former on the 4th, and the latter on the 5th August. None of the patients in the large ward adjoining were attacked, nor any of those in the other parts of the house. It is remarkable that the first of these patients who was attacked occupied the bed in which the woman that died a fortnight previously had lain, and that the infection originating with her was propagated to her neighbour, though in the interval all the bedding had been washed and aired. I think, therefore, that these two instances, in some degree, confirm the opinion of those who look on puerperal fever, in all its forms, as propagated by infection; and this is further established by the fact, that after these two cases had terminated fatally, the ward being closed, no other case appeared during the remainder of the time that I resided in the hospital, viz: till the beginning of October last. On the other hand, it is remarkable that the first and second cases occurred in very distant parts of the hospital, which fact is opposed to the usual ideas we would hold of infectious contamination. In all these cases the stimulating plan of treatment was that which was adopted.—*Dublin Quarterly Journ.*, Aug. 1855.

48. *Action of Digitalis on the Uterus.*—Mr. W. H. DICKENSON read before the Royal Medical and Chirurgical Society, Nov. 27th, a paper on this subject. He commenced by stating that, during the month of October, 1854, a patient in St. George's Hospital, labouring under most severe menorrhagia, was cured by the infusion of digitalis, exhibited for the relief of cardiac affection, from which she also suffered. In consequence of this, he had been induced to try the remedy, by the permission of Dr. Lee, in a series of cases of uterine hemorrhage which had occurred in the hospital. These cases, of which a table was given, were seventeen in number, and the general results of their treatment was as follows: In every case of uterine hemorrhage, unconnected with organic disease, requiring the employment of active remedies, admitted into the hospital after October, 1854, the administration of digitalis was had recourse to as the sole treatment, and the discharge was invariably arrested by it. The time which elapsed before the hemorrhage subsided varied with the dose in which the digitalis was exhibited. When large doses were given, as an ounce to an ounce and a half of the infusion, the discharge never appeared after the second day; when smaller doses, it never continued beyond the fourth day. In uterine hemorrhage connected with organic disease, the remedy acted with less certainty; its exhibition was required for a longer time, and the effect was sometimes transient. The author then spoke of the mode in which the digitalis operated in controlling uterine hemorrhage; and, after concluding that its effect could not depend on the sedative influence of the drug in the heart and arteries, he showed, by various experiments and observations, that the arrest of the hemorrhage was due to the action of the digitalis on the ganglia of the uterus, by which the organ was stimulated and the muscular substance powerfully contracted.—*Lancet*, Dec. 8, 1855.

MEDICAL JURISPRUDENCE AND TOXICOLOGY.

49. *Albumen and Hydrated Magnesia as Antidotes in Poisoning with Corrosive Sublimate.*—L. SCHROEDER has performed a number of experiments on dogs and rabbits, with regard to the use of albumen and hydrated magnesia as antidotes in poisoning with corrosive sublimate, from which he arrives at the following results:—

1. Albumen is not to be depended on as an antidote. The albuminate which